and virulence depends pass into solution. The soluble part at a certain stage of autolysis is highly toxic and has little immunizing action, while the insoluble remnants have well-marked antigenic properties and practically no toxic effects. The protective value against experimental pneumococcus infections of detoxicated pneumococci has been found to be greater than that of heat-killed pneumococci. The details of preparing the antigens or vaccines are given in the article. The injections were given subcutaneously every day in doses of 10,000,000,000 to 20,000,000,000, until the temperature reached normal. Only slight tenderness followed the injection and there was little local or general reaction noticeable. The cases treated are divided into three classes: the cases treated outside of hospital practice, the uncontrolled cases in the hospital, and those controlled by alternate untreated cases. Of 30 cases occurring in the practice of physicians outside the hospital, 3 died. Of 35 cases in the second group, 9 died, a death rate of 25 per cent. The third group comprised the greatest number treated. The type of pneumonia in this group has been the worst, comprising a considerable number of alcoholics. Every second pneumonia patient in the order admitted to the hospital during January, February, and March of 1911, 1912, and 1913 received subcutaneous injections of detoxicated pneumococci. With this exception the treatment did not vary from that of the control group. There were 294 cases for consideration in this group, 146 receiving the treatment and 148 constituting the controls. Of the control group, 56 died, a death rate of 37.8 per cent., while of the injected group 34 died, a death rate of 23.3 per cent. Rosenow and Hektoen believe that, in view of the fact that the mortality was consistently lower in the injected cases of each year, that the average time of the first injection was late (approximately the fifth day) and that the type of cases treated was of the worst kind, the conclusion that this method of treatment of pneumonia is of value seems warranted. The results obtained in the series outside of the hospital, in which the injections were begun earlier, indicate that by the early administration of the antigen better results can be secured.

The Results with the Rontgen Treatment of Tuberculous Cervical Adenitis.—Feitsch (*Münch. med. Woch.*, 1913, lx, 2610) has had good results with the use of the Röntgen ray treatment in tuberculous adenitis of the cervical lymph nodes. This treatment has been used in 33 cases of whom 8 are entirely cured and 8 are much improved. The details of the technique of administering the treatment are given in the article. The length of treatment averages six months. In some of his cases the effect of the treatment was a marked reduction in the size of the lymph nodes involved, leaving a hard lump which was easily removed under local anesthesia. This, as Fritsch emphasizes, is a distinct advantage in that it obviates the necessity of operating with general anesthesia in cases with pulmonary involvement.

The Autoserosalvarsan Treatment of Syphilis of the Central Nervous System.—McCaskey (*Jour. Amer. Med. Assoc.*, 1914, lxii, 187), following the technique of Swift and Ellis has given twenty intraspinal injections of neosalvarsanized serum to 7 patients with various forms of syphilis of the central nervous system. He says that remarkable improvement resulted in some cases and believes that this method of treatment, with perfect asepsis and cautious dosage, is devoid of danger, and offers a new and entirely rational method of attack on the localized infection in cases of cerebrospinal syphilis.

PEDIATRICS

UNDER THE CHARGE OF

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Addison's Disease in a Boy, with Calcification of the Adrenals.—H. D. Rolleston and E. J. Boyd (*British Jour. Child. Dis.*, 1914, xi, 105) report a case of Addison's disease in a boy, aged twelve years. A general bronzing of the skin developed gradually. It was especially marked around the nipples, the umbilicus, and pudenda. There were a number of pigmented scars on the body but no buccal pigmentation. The boy developed synchronously loss of energy, drowsiness, a cough at night and nocturnal enuresis. An uncle and a brother are said to have had tuberculosis. There were no signs of pulmonary or spinal tuberculosis and von Pirquet's reaction was negative on two occasions. The spleen and liver were not palpable. There was no valvular disease of the heart nor any dulness behind the sternum. The skiagraph showed calcification in the adrenal glands and discrete and dense opacities at the hila of the lungs suggesting calcified nodules. The red-cell count was high, 6,492,000, and there was a high lymphocyte count supposed to be indicative of lymphatism, and a bad prognosis. The eosinophiles were high, from 5 to 7 per cent. The size of the heart was small.

The Child in the Tuberculous Milieu.—Maurice Fislaberg (*Archiv. Pediatrics*, xxxi, 96) details a study of all the children of tuberculous applicants for relief to the United Hebrew Charities in New York City during three months. The social and hygienic condition of these children was investigated and all the children under fifteen years of age were examined medically and the cutaneous tuberculin test applied. The children were re-examined in four months and the tuberculin test again applied where the first was negative. There was at least one tuberculous member in each of the 217 families investigated. The hygienic conditions offered all the predisposing factors to the spread of the disease—poverty, congestion, lack of fresh air and sunshine, underfeeding, and an abundance of tuberculous sputum near at hand. Of the 692 children aged under fifteen years, 92 per cent. were exclusively breast fed. However, it seems that as long as the child remains in the tuberculous milieu it is immaterial whether it is breast fed or not, as it is bound to become infected either way.